



REGISTRATION AND MEDICAL INFORMATION

For After School 1 year program for NA

Child's Name _____

Age _____^{Last} Birth Date: (/ /)^{First} Gender: ___M ___F

Grade _____ School _____

Child's Address _____ City/State/Zip _____

Primary parent/guardian contact information ___ Mother ___ Father ___ Other _____

Primary parent/guardian name _____ Gender: ___M ___F

Home Address _____ City/State/Zip _____
(if different from child)

Home Phone number () _____ Cell Phone number () _____

Employer _____ Work Phone number () _____

Custodial Parent ___ Yes ___ No May Darimar release to non-custodial parent? ___ Yes ___ No

Email Address _____

Secondary parent/guardian contact information ___ Mother ___ Father ___ Other _____

Secondary parent/guardian name _____ Gender: ___M ___F

Home Address _____ City/State/Zip _____
(if different from child)

Home Phone number () _____ Cell Phone number () _____

Employer _____ Work Phone number () _____

Custodial Parent ___ Yes ___ No Email Address _____

Emergency contact/Authorized Pick Up (other than parents)

Name _____ Relationship to child _____

Home Address _____ City/State/Zip _____

Home Phone number () _____ Cell Phone number () _____

Additional authorized pick up (other than parents)

Name _____ Cell Phone number () _____

Name _____ Cell Phone number () _____

Emergency Medical Information

Please indicate any relevant medical or miscellaneous information about your child _____

Please list any food allergies _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____ Phone _____

PARENT AUTHORIZATION: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I would like the DARIMAR staff to take the following action:

Please type your initials _____ Date _____

Code of Conduct

My child _____ and I, _____, both agree that if he/she is not following the rules and abiding by the directions given to him/her at Darimar Martial Arts After School Program, the Darimar Staff has the right to ask him/her to not return to Darimar Martial Arts After School Program. Parents will be notified, using the contact numbers provided, if there are any problems (behavioral or other) deemed serious enough for removal of the child for either the day or the remainder of Darimar Martial Arts After School Program. If there is a removal from Darimar Martial Arts After School Program, there will be no refund for the days in which the child was unable to participate.

Please type your initials _____ Date _____

Have your child type their initials _____ Date _____

Waiver of Liability/Release

I hereby grant permission for my child, _____ (child's name) to participate in the Darimar Martial Arts After School Program. I understand and acknowledge that my child's participation in the program will involve some strenuous physical activity and some physical contact, and may be hazardous and could result in personal injury. Recognizing and assuming the risks involved therein, I hereby waive liability as to, and relinquish all rights that I have now or may have in the future against DARIMAR Martial Arts, Inc., its officers, and employees, teachers, and counselors, from all liability and for any and all damages and injuries suffered by my child while under instruction and/or supervision of DARIMAR.

In addition, I agree to indemnify and hold DARIMAR and its employees harmless from and against any and all claims, demands, fines, suits, actions, orders, or damages of any kind that may arise or result out of or from my child's participation in the Darimar Martial Arts After School Program. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Please type your initials _____ Date _____

Darimar Martial Arts After School One Year Program Tuition Contract

Child Name _____
Last First

Last First

Fee: \$550.00 per month

- Siblings will receive a 10% discount.
- Registration fee: **\$85.00** per child will be charged in addition to your 1st tuition payment; new students only.
- If you pay in full for one year, you will receive a 5 % discount.

Payment Agreement

Parent/Guardian please read and check the boxes:

- Payment responsibilities:** I understand that I must pay by draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$25.00 per item to Darimar. I understand that if I exit the program my last draft will include all past due and remaining balances.
- Entire balance due:** I understand that monthly tuition amount remains the same each month regardless of non-attendance due to illness, vacation, other absences or program cancellations or delays due to emergency situations. Monthly tuition payments are non-refundable and not transferable.
- Early Termination Fee:** I understand that if my child is unable to complete your program for any reason, a \$200 termination fee will be charged to you and you must provide Darimar Martial Arts a written notice 30 days prior to your absence. I verify that I have read and agree to this Tuition Contract. I also have read and understand the Manual as presented. I assume the financial responsibilities of this contract, including all tuition payments and any fees that may be incurred in this program.

Please type your initials _____

Date _____

Authorization Agreement for Direct Payments (ACH Debits) or Credit Card

I hereby give permission for DARIMAR Martial Arts, or their representing agent, permission to deduct \$_____ for (# of payments)_____ consecutive monthly payments starting on (date)_____ using the following method:

___ Checking account ___ M/C ___ Visa ___ D/C

First payment date _____ Last payment date _____

- **Authorization agreement for direct payments (ACH debits)**

Your bank name _____ City/State/ZIP _____

Bank Routing Number _____ Bank Account Number _____
(9 digit number on left bottom portion of check)

This authorization is to remain in full force and effect until Darimar Martial Arts has received written notification from me (or either of us) of its termination in such manner as to afford Darimar Martial Arts and bank reasonable opportunity to act upon it.

Please complete the below authorization;

Name(s): _____ Daytime Number: _____

Mailing Address: _____ City/State/Zip _____

Please type your initials _____ Date: _____

** Please Note: To insure accuracy, you MUST attach a VOIDED check from the account identified above.

- **Credit Card Authorization Form**

Name on the card _____

Card number _____ Exp. Date _____ CCV# _____

Billing address _____ City/State/Zip _____

Please type your initials _____ Date _____

Admission Agreement

Parent/Guardian please read and check the boxes:

- Transportation:** I give permission for my child to be transported in an authorized Darimar Martial Arts vehicle from the school to Darimar Martial Arts.
- Movies:** I give my permission for my child to view a Director approved PG movies if he/she is above the age 10.
- Hours of Care:** I understand that I will be charged an additional \$1.00 every minute I am late after 6:00 PM.
- Custody:** I understand that the Darimar Martial Arts staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
- Child Pick-up:** I understand that NO PERSON UNDER THE AGE OF 18 MAY PICK UP MY CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
- Photo Release:** I hereby grant Darimar Martial Arts permission to use any individual or group photograph and/or videotape showing my child in Darimar Martial Arts activities for use in public relations, promotional or advertising purposes.
- Absences:** I understand that there is no tuition adjustment and it is my responsibility to notify Darimar Martial Arts by 1:00 pm if my child will not attend the program that day. My child's safety is my primary goal. I understand I must call to 614-428-7090 or email to darimar@rroho.com.
- Snow Days/Early Release Days:** I understand that is no after school program or tuition adjustment is offered on snow days and on early release days due to emergency conditions or closures. Darimar may offer Calamity/Snow Days Camp.
- Calamity/Snow Days Camp:** I understand that Darimar provides Day Camp (9:00 AM – 6:00 PM) for weather related school closings. I know that I must call first thing in the morning to register your child for the day. The cost will be \$25 per day for After School Program child, \$60 per day for non After School Program child.
- Winter Break/Spring Break:** I understand that for extended breaks (i.e. Winter Break and Spring Break) Darimar Martial Arts may offer full day holiday camp programs. Parents will have the option to pay a daily rate or a weekly rate for camp during these periods.
- Summer Camp Extended Hours:** I understand that Darimar summer camp regular hours are 9:00am-3:00pm. Regular camp hours are included in the fee; extended hours are NOT included in the fee. Extended hours are 7:00am-9:00am and 3:00pm to 6:00pm and will be charged an additional \$4.50 per hour for 1st child, \$4.00 per hour for 2nd child, \$3.00 per hour for 3rd child for extended care.
- Holiday Schedule – Covered Days:** I have read and reviewed the “Covered & Not Covered Days” sheet for your school district. Any covered days and half days will be a part of our After School Program at no additional cost.
- Vacations/Absence:** I understand that there is no tuition adjustment due to vacations or absence. The child may make up their Taekwondo class the day they miss the school per our regular evening class schedule.
- Emergency Contacts:** I understand that people identified as emergency contacts must local, able to pick up your child and be willing to take responsibility for your child in case of illness or emergency when you cannot be reached.

Parent/Guardian Signature: Please type your First and Last Name _____

_____ I understand that checking this box constitutes a legal signature confirming that I accept the conditions of enrollment in Darimar Martial Arts After School Program. Date _____

3 ways to submitting the registration form: 1. Download this form to your computer, fill out required information and save. Attach completed application and send via email to: darimar@rroho.com. 2. Drop off 3. Fax: 614-428-7033